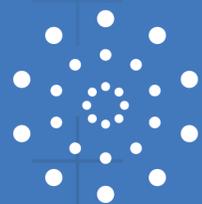


2020



NAPCRG

48th Annual Meeting

Behavioral Health Screening in Primary Care: A Rapid Review of Strategies

Matt Martin, PhD, LMFT Arizona State University

Mindy McEntee, PhD, Arizona State University

Daniel Mullin, PsyD, MPH University of Massachusetts

Constance van Eeghen, DrPH, University of Vermont

Yash Suri, MS, University of Arizona

Introduction

- The purpose of this study is to examine the evidence of five strategies for behavioral health screening in primary care using a rapid review methodology
- We define screening as the identification of unrecognized behavioral health needs in an apparently asymptomatic patient population by means of self-reported measures

Literature Review

- Behavioral health conditions are prevalent in the general population
 - Patients use of primary care to address their behavioral health needs has also increased
- Screening rates for behavioral health conditions in a clinical setting are less than the prevalence rates
 - The difference in screening rates (recommended vs actual) is impacted by age groups
 - USPSTF provides recommendations following evidence-based practices
 - Current USPSTF guidelines are limited to single conditions; do not include comorbidities, lifestyle, and peripheral screening strategies (frequency, medium, interpretation, documentation)

Literature Review

- Literature for screening: A summary
 - Limited guidance for operationalizing in primary care (universal screening, BH condition priority for screening)
 - AHRQ has established screening as an established role in primary care with integrated behavioral health
- Evidence for behavioral health screening effectiveness, selection, timing, and implementation are unclear

Methods: Overview

- 5 separate rapid reviews based on approaches to screening included in the Practice Integration Profile (PIP)
 1. Screening for 1+ behavioral health condition(s) via standardized process
 2. Use of practice-level data to screen populations at risk for complex or special needs
 3. Screening for behavioral conditions related to a medical problem
 4. Screening for lifestyle or behavioral risk factors
 5. Presenting screening results and recommendations

Methods: Selection Criteria

- Adapted Rapid Evidence Assessment of the Literature (REAL) methodology
- PubMed search conducted January 2019
- Iterative process testing search strings with Boolean operations
- Inclusion criteria:
 - Clinical trial examining efficacy or effectiveness
 - Quantitative data analysis specific to strategy of interest
 - Data specific to adult primary care patients
 - English-language publication in peer reviewed journal

Methods: Review Process

- Title & abstract screening
- Full-text review & extraction
- Risk of bias assessment
 - Modified Cochrane Collaboration's Risk of Bias tool (YS & MM)
- Evaluation & synthesis of evidence
 - Categorized as effective, ineffective, or unclear evidence

Results

- Initial search = 804 references found
- After title/abstract and full text review, data extracted from 34 references
- Total references reviewed = 34

Results

1. *We screen eligible patients for at least one BH condition using a standardized procedure (n=12)*
 1. In 11 of 12 studies, screening was not the focus of investigation or was only used to determine inclusion
 2. Five reported improvement in intervention group

Results

2. *We use practice-level data to screen for patients at risk for at least one complex or special need (n=1)*
 1. One study reported rate of identifying tobacco use was statistically higher in clinics that had a centralized registry, but no significant differences in quit rates

Results

3. *Patients are screened at least annually for at least one behavioral condition related to a chronic medical problem (n=2)*
 1. Screening was not the focus of investigation for either study
 2. Of the two studies, one reported screening and intervention was effective in reducing risky sexual behavior

Results

4. *Patients are screened at least annually for lifestyle or behavioral risk factors (n=6)*
 1. Of the six studies, three reported an improvement in testing, behavior scores, or goal setting

Results

5. *Screening data are presented to clinicians prior to (or at) patient encounters with recommendations for patient care (n=13)*
 1. Of the 13, four reported positive increases in depression recognition, diagnoses, psychotropic medications, referrals, or overall care utilization
 2. Of the four, two studies report improvement in health outcomes

Results

- Summary
 - Most studies did not measure screening as the primary outcome
 - 13 of 34 studies reported positive health outcomes for screening + intervention
 - There is some evidence supporting sharing of screening data with other clinicians
- Out of 34 studies, 19 (56%) had 3 or more "HIGH" risk indicators for barriers (out of 5 possible barriers); 26 (76%) had at least two "HIGH" risk indicators

Discussion

- Evidence that supports screening strategies as part of behavioral health integration is scarce and sometimes biased
- Many published studies that include screening strategies did not test the effectiveness of screening
 - Instead, many studies used screening as an assumed part of care
 - We don't know if screening strategies improve patient or population health outcomes
- We need more high-quality studies to enrich the literature and more “rapid reviews” for dissemination
- Clinicians need to know which screening strategies will help improve meaningful, patient-centered outcomes

Strategic Questions for Planning Screening Studies

- Is universal screening more effective than targeted screening?
- Are some behavioral health conditions more likely to result in treatment initiation when followed by a positive screen?
- What engagement strategies, following a positive screen, increase the likelihood of treatment initiation?
- What implementation factors (such as planning, training, monitoring, sustaining, *etc.*) are associated with treatment initiation?

Thank you!

- Contact information: mpmarti6@asu.edu